APPENDIX C SERVICE COST GUIDELINES

The following guidelines do not establish maximum dollar limits for any service; rather, they are intended only to indicate authorization levels above which authorization by a Vocational Rehabilitation Counselor requires prior administrative approval. To exceed these guidelines, a written justification must be incorporated into the record of services for the individual and any applicable administrative approval(s) must be obtained prior to service provision.

SERVICE	GUIDELINE
Adaptive equipment/assistive	\$1,500.00/individual, to be exceeded only with prior
devices n.e.c.	supervisory approval.
Computer equipment	\$2,000.00/individual, to be exceeded only with prior
(hardware)	supervisory approval.
Copying fees:	
 VRS charge to provide 	\$ 0.10/page, not to be exceeded .
copies of VRS case record	
materials	
 Payable by VRS for medical 	\$14.00/request, or a negotiated fee up to but not
records to in-state service	exceeding either: (1) \$ 0.25/page plus postage; or
providers	(2) \$15.00 for the initial ten pages and \$ 0.25/page
	for each page in excess of ten pages, plus
	postage.
Payable by VRS for all other	Negotiated fee up to but not exceeding
records obtained from all other	\$14.00/request.
providers (including copies of	
medical records obtained from	
out-of-state service providers	
Home modifications	\$5,000.00/individual, to be exceeded only with prior
	supervisory approval.
Maintenance	Food, clothing, shelter, and related expenses incurred
	due to VR Program participation, not to exceed
	actual or estimated costs over and above usual
	and customary living expenses.

Note taking services:	
For post-secondary training	Rate not to exceed the prevailing rate paid to note takers at the institution in which the individual is enrolled. Hours cannot exceed one and one-half (1.5) times the total classroom time in which the individual is enrolled (i.e., classroom time plus an additional one-half of classroom time for outside-of-classroom preparation and review).
For other than postsecondary training	Amounts authorized per hour cannot exceed the current federal minimum wage rate. Hours authorized cannot exceed the actual reading time, with a minimum of one hour.
Occupational tools, supplies,	\$2,500.00/individual, to be exceeded only with prior
and equipment	supervisory approval.
On-the-job training (OJT)	\$2,000/agreement, to be exceeded only with prior supervisory approval.
Personal assistance services	\$ 9.00/hour, to be exceeded only with prior
n.e.c.	supervisory approval.
Physical and mental restoration services:	
 Physical and mental 	Paid at the current approved Medicaid rate* (less
diagnostic and evaluation	all applicable comparable services/benefits
services (including, but not	and/or financial participation requirement), if
limited to, hearing and	necessary to determine eligibility and priority
hearing aid evaluations,	for services, or to assess the vocational
hearing aid evaluations, visual and visual aid	
hearing aid evaluations, visual and visual aid evaluations, x-rays and	for services, or to assess the vocational
hearing aid evaluations, visual and visual aid evaluations, x-rays and other laboratory procedures,	for services, or to assess the vocational
hearing aid evaluations, visual and visual aid evaluations, x-rays and	for services, or to assess the vocational
hearing aid evaluations, visual and visual aid evaluations, x-rays and other laboratory procedures, and psychiatric and psychological testing and evaluations), other than	for services, or to assess the vocational
hearing aid evaluations, visual and visual aid evaluations, x-rays and other laboratory procedures, and psychiatric and psychological testing and evaluations), other than vocational interest testing	for services, or to assess the vocational rehabilitation needs of the individual.
hearing aid evaluations, visual and visual aid evaluations, x-rays and other laboratory procedures, and psychiatric and psychological testing and evaluations), other than vocational interest testing Vocational interest	for services, or to assess the vocational
hearing aid evaluations, visual and visual aid evaluations, x-rays and other laboratory procedures, and psychiatric and psychological testing and evaluations), other than vocational interest testing Vocational interest testing	for services, or to assess the vocational rehabilitation needs of the individual. See APPENDIX B.
hearing aid evaluations, visual and visual aid evaluations, x-rays and other laboratory procedures, and psychiatric and psychological testing and evaluations), other than vocational interest testing Vocational interest testing Therapeutic treatment	for services, or to assess the vocational rehabilitation needs of the individual. See APPENDIX B. Paid at the current approved <i>Medicaid rate*</i> (less
hearing aid evaluations, visual and visual aid evaluations, x-rays and other laboratory procedures, and psychiatric and psychological testing and evaluations), other than vocational interest testing Vocational interest testing	for services, or to assess the vocational rehabilitation needs of the individual. See APPENDIX B.
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hearing aid evaluations, visual and visual aid evaluations, x-rays and other laboratory procedures, and psychiatric and psychological testing and evaluations), other than vocational interest testing Vocational interest testing Therapeutic treatment (including, but not limited to, physical therapy, occupational therapy, speech and hearing therapy, corrective dentistry, and prescription medications) Prescribed and	for services, or to assess the vocational rehabilitation needs of the individual. See APPENDIX B. Paid at the current approved Medicaid rate* (less all applicable comparable services/benefits and/or financial participation requirement), if relevant and necessary for the vocational rehabilitation needs of the individual. Paid at the current approved Medicaid rate* (less
hearing aid evaluations, visual and visual aid evaluations, x-rays and other laboratory procedures, and psychiatric and psychological testing and evaluations), other than vocational interest testing Vocational interest testing Therapeutic treatment (including, but not limited to, physical therapy, occupational therapy, speech and hearing therapy, corrective dentistry, and prescription medications) Prescribed and approved medical devices	for services, or to assess the vocational rehabilitation needs of the individual. See APPENDIX B. Paid at the current approved Medicaid rate* (less all applicable comparable services/benefits and/or financial participation requirement), if relevant and necessary for the vocational rehabilitation needs of the individual. Paid at the current approved Medicaid rate* (less all applicable comparable services/benefits
hearing aid evaluations, visual and visual aid evaluations, x-rays and other laboratory procedures, and psychiatric and psychological testing and evaluations), other than vocational interest testing Vocational interest testing Therapeutic treatment (including, but not limited to, physical therapy, occupational therapy, speech and hearing therapy, corrective dentistry, and prescription medications) Prescribed and	for services, or to assess the vocational rehabilitation needs of the individual. See APPENDIX B. Paid at the current approved Medicaid rate* (less all applicable comparable services/benefits and/or financial participation requirement), if relevant and necessary for the vocational rehabilitation needs of the individual. Paid at the current approved Medicaid rate* (less

below)		
 Nonprescription 	Not payable.	
medications		
 Hearing aids 	Payable at contract rates, if relevant and	
	necessary for the vocational rehabilitation needs of the individual.	
*NOTE: If no Medicaid rate has been established for a particular service, it will be paid for at 90% of the usual and customary charge billed by the provider. If a provider who will the accept Medicaid rate is not available in the individual's local community (as defined in PPM chapter 200), the Counselor must secure prior approval from the appropriate Area Supervisor and Region Manager before authorizing any physical or mental restoration services exceeding the rates specified. If a customer makes an informed choice to utilize a provider that will not accept the Medicaid rate, the individual or the family of the individual will be responsible for paying the difference in cost, in addition to any applicable		
financial participation required Postsecondary training	Fees published annually prior to the start of the school year.	
Reading services: • For postsecondary training • For other than postsecondary training Telecommunications, sensory, and other technological aids and devices, including computer software	Amounts authorized cannot exceed the prevailing rate paid readers at the institution in which the individual is enrolled. Hours authorized cannot exceed one and one-half (1.5) hours per week for each credit hour in which the individual is enrolled, except that each authorization must be for a minimum of one hour. Amounts authorized per hour cannot exceed the current federal minimum wage rate. Hours authorized cannot exceed the actual reading time, with a minimum of one hour. \$3,500.00/individual, to be exceeded only with prior supervisory approval.	
Transportation: • Provided by a vendor operating under a POSA or contract that includes transportation	Payable at the POSA or contract rate only.	
By the individual's, the family's, or other private vehicle Dishlip conveyances.	Mileage payable at a negotiated rate not to exceed \$0.40 per mile	
 Public conveyances Temporary vehicle lease or rental Permanent relocation and 	Not to exceed actual costs. Amounts determined on an individualized basis with prior approval of the Region Manager. Amounts determined on an individualized basis with	

prior approval of the Region Manager.
Rate cannot exceed the prevailing rate paid tutors at
the institution in which the individual is enrolled.
Actual costs up to and including \$300.00 per individual
per case, to be exceeded only with prior
supervisory approval.
\$10,000.00/modification, to be exceeded only with
prior supervisory approval.
\$1,000.00/individual, to be exceeded only with prior
approval by the Region Manager.